



FIRE ALARM SYSTEM
(One System per Report)

Occupancy Address: _____	Occupancy Name: _____
Responsible Person: _____	Phone Number: _____
Building Owner: _____	Phone Number: _____
Building Owner Address _____	
Date of Inspection: _____ Type of Inspection: Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Acceptance <input type="checkbox"/> Other <input type="checkbox"/>	
Testers Name (Please Print): _____	SFD Certification Number: _____

Control panel manufacturer _____ **Model No.** _____

No. of initiating circuits _____ No. of signal circuits _____

Battery voltage _____ volts Charge circuit voltage _____ volts

Battery voltage under full load _____ volts (signals operating)

1. Trouble signal with AC power off: ? Yes ☐ No ☐ ?N/A ☐
2. System operates satisfactory on standby power ? Yes ☐ No ☐ ?N/A ☐
3. All signals operate on AC power? Yes ☐ No ☐ ?N/A ☐
4. Does alarm system meet audibility standards? Yes ☐ No ☐ N/A ☐
5. All circuits checked for electrical supervision? Yes ☐ No ☐ ?N/A ☐
6. Control panel checks made per manufacturer's instructions? Yes ☐ No ☐ ?N/A ☐
7. All auxiliary equipment operates (Elevators, fans, dampers)? Yes ☐ No ☐ ?N/A ☐
8. **Central station or remote connection?** Yes ☐ No ☐ ?N/A ☐

Name of Monitoring Company _____

Automatic time delay of general alarm _____ minutes. None installed _____

9. Key to panel available: Yes ☐ No ☐ ?N/A ☐
10. Operating instructions at panel? Yes ☐ No ☐ ?N/A ☐
11. Test record posted at panel: Yes ☐ No ☐ ?N/A ☐

RE: FIRE ALARM TEST (continued): EQUIPMENT TEST

TYPE OF EQUIPMENT	NUMBER OF UNITS TESTED	SATISFACTORY			NO. OF UNITS IN BUILDING
		YES	NO	N/A	
Bells, Horns, Chimes Voice Alarm Speakers					
Visual Alarm Devices					
Trouble Indicators					
Heat Detector(s)					
Super Switches (auto. sprinkler)					
Smoke Detector(s)					
Manual Pull Stations					
Ventilation Controls Operate					
Central Station					
Annunciators					
Elevator Call Down					
Auto Sprinkler Flow Switches					
Fire Dampers/Smoke Dampers					
Phone Jacks					
Auto. Door Unlocks(Failsafe)					
Auto Door Release					
Other					

Problems Found:

Corrections Made: **Date Corrected:** _____ **Corrected By:** _____

SIGNATURE OF TESTER _____**AGENCY** _____ **PHONE** _____**MAILING ADDRESS** _____